

## **COVID-19 Screening Checklist**

For Staff Only

The Commission is committed to the health and safety of its employees and stakeholders. The following questions will be asked of all individuals entering a Virginia Workers' Compensation Commission hearing location.

A face mask and gloves are required while participating in a hearing at all VWC courtrooms.

YES	NO	
		Does the individual have their own protective face mask and gloves today?
		If not, has the individual been given a Commission-issued face mask and/or gloves?
		Did the individual reject the Commission-issued face mask or gloves?
Has th	ne in	dividual done any of the following within the previous 14 days:
YES	NO	
		traveled internationally;
		been directed to quarantine, isolate, or self-monitor;
		been diagnosed with, or have had contact with anyone who has been diagnosed with, COVID-19
		experienced a fever, cough, or shortness of breath; or
		resided with or been in close contact with any person in the above-mentioned categories.
If any of the above has been checked "YES", the court and security personnel shall direct such individuals to contact the Customer Contact Center at 1-877-664-2566. The contact center specialist will direct the call to the appropriate judicial office to receive further instruction regarding alternate arrangements for court access.		
Name	of I	ndividual Seeking Access(please print)
Access Determination:   Approved   Denied		
Name	of C	ourtroom Location(please print)
Name	of D	peputy Commissioner(please print)
Name	of s	taff completing form Date Time

Toll-Free: 1-877-664-2566 | Online: www.workcomp.virginia.gov | Mail: 333 E. Franklin St., Richmond, Virginia 23219